

Important information about this form:

- Fill out this form to set up payroll deduction contributions to your Alabama ABE account, or to change existing payroll deduction contributions. To stop payroll deduction contributions, please contact your employer.
- Review the **Employee Checklist** (included with this form), and **Program Description & Participation Agreement**.
- If you are an Authorized Legal Representative and wish to set up payroll deductions to multiple ABE accounts, please submit a different form for each Alabama ABE account you want to make payroll deductions contributions to.
- Your Alabama ABE account must be open before you submit this form to your Employer and the Plan to start payroll deductions.
- Once completed you'll need to give a copy of this form to your Employer and mail the original to the Plan at the address indicated. It may take up to 10 business days from the receipt of this form before a payroll deduction can be accepted. Please keep an additional copy of this form for your records.
- Make sure you use black ink to type or print clearly in capital letters.

Need help?

Give us a call Monday – Friday
from 8am – 7pm CT at

1-833-711-2253

Individuals with speech or
hearing disabilities may dial **711**
to access Telecommunications
Relay Service (TRS) from a
telephone or TTY.

Mail the form to:

Alabama ABE
P.O. Box 9894
Providence, RI 02940-8094

Overnight Mail:

Alabama ABE
4400 Computer Drive
Westborough, MA 01581

1 ABE account information

Name of Beneficiary on the ABE Account (First and last)

____ _
____ _
____ _
Beneficiary's Social Security or Taxpayer Identification Number

____ _
____ _
____ _
Alabama ABE account number



2 Payroll deduction instructions

(Select one)

- ☐ Set up payroll deduction
- ☐ Changing existing payroll deduction instructions
(This will replace any previous payroll deduction instructions for this account)

3 Employee information

The employee must be the Alabama ALE Beneficiary or Authorized Legal Representative listed on the account.

Employee ID Number (For Employer use only)

Name of Employee (First and last)

Name of Employer

Employer address

Street address 1

Street address 2

City

State

ZIP Code

Employer contact name

Employer telephone number

Ext.



4 Contribution information

Tell us how much you want to contribute to your account each month. There is a \$5 minimum contribution to each portfolio you select.

Investment options

Conservative Portfolio

\$ ____ , ____ . ____
Amount

Moderate Portfolio

\$ ____ , ____ . ____
Amount

Aggressive Portfolio

\$ ____ , ____ . ____
Amount

FDIC Savings Fund

\$ ____ , ____ . ____
Amount

\$ ____ , ____ . ____
Total contribution amount

____ / ____ / ____

Effective date (This is the date the employee wants the employer to begin his/her payroll deductions)

5 Contribution type

Which type of contribution are you making? (Please select one)

☐

Standard contribution
\$15,000 yearly standard contribution limit.

☐

ABLE to Work contribution
If the Beneficiary is earning wages, they may contribute an amount equal to their gross income (see Program Disclosure Booklet for current limits) in addition to the yearly standard contribution limit. This contribution type is only available if the employee listed in Step 3 is the Beneficiary.



6 Sign the form

By signing below, I authorize my employer to process periodic deductions from my paycheck for contribution into this Alabama ALE Account(s).

- I acknowledge and agree that my remedy for any errors made in connection with these transactions is limited to simple reimbursement of the amount of the error.
- I authorize the Plan and its agents to make adjustments to my account to correct such error.
- I understand that this Alabama ALE account may not be credited with my payroll deduction until the funds are received from my employer and that the date on my payroll stub may not be the same date the deposit is credited to this account.
- This authorization will remain in effect until cancelled by me or by the Plan, or upon termination of my employment with my employer.

If you're making an ALE to Work contribution:

By signing below, if I'm making an ALE to Work contribution, I certify that:

- The Beneficiary is earning wages.
- This recurring payroll contribution is being initiated with the understanding that the total ALE to Work contributions for this year are anticipated to be no more than the amount the beneficiary has earned in gross income for the current year or the current limits (see the Program Disclosure Booklet for current limits), whichever is less.
- The Beneficiary (or the Beneficiary's employer) has not contributed to a retirement plan, including defined contribution plan e.g. 401(k), annuity plan (403(b)), or deferred compensation plan (457(b)) this calendar year.

Signature of Beneficiary or Authorized Legal Representative

Date (mm/dd/yyyy)

Employee Checklist

Please read this checklist carefully before completing this form.

- ✓ Be sure to include your employee ID number on this form to help your employer identify your payroll record.
- ✓ Your payroll deduction form will be rejected in its entirety if:
 1. you do not provide an account number,
 2. your contribution total is not added correctly, or
 3. the contribution amount for any portfolio/fund is less than \$5.
- ✓ Give a copy of this form to your Employer.
- ✓ **Mail this original form to the Plan at the address indicated.** It may take up to 10 days from the receipt of this form before a payroll deduction contribution can be accepted.
- ✓ You must contact your employer to stop payroll deductions.
- ✓ If you have questions, please contact Alabama ALE customer service.

Employer Checklist

The following information has been developed to help you establish automatic payroll deduction for any employee. Please read it carefully before sending funds to the Plan on behalf of any employee via ACH (Automated Clearing House) funds.

- ✓ The employee must provide his/her ABLE account number on this form in order to set up payroll deduction.
- ✓ Code the account type (i.e., deposit) as “Checking” and transmit the funds to Bank of New York Mellon (ABA Number 011001234).
- ✓ Enter the account number as 740705.
- ✓ If your Payroll System allows, please enter the Individual Name Field with the employee’s ABLE account number + Last Name.
 - Example: Employee ABLE account number 1234567890, Last name Jones = 1234567890 Jones.
 - If your payroll system generates the Account Name field automatically and does not allow for manual update then we will accept the system generated full name.
- ✓ It may take up to 10 days from the receipt of this form by the Plan before a payroll deduction can be accepted.
- ✓ If you have questions, please contact Alabama ABLE customer service.